OBJECTIVES: Medication analysis (MA) and medication management (MM) are increasingly implemented in community pharmacies. However, little is known about the main intention of pharmacy owners to provide medication analysis in Germany. Thus, the objective of this study was to explore awareness of MA and MM and to predict the intention to provide MA. **METHODS:** Approximately 2,700 pharmacies listed in the database of the Bavarian Chamber of Pharmacists were invited via email to complete the web-based online survey (February/March 2015). The survey instrument was designed to assess the constructs of attitude, perceived behavioral control, subjective norm and intention to provide MA, based on the theory of planned behavior. Data were analyzed by using descriptive statistics. Linear regression models were used to predict the intention to provide MA. **RESULTS:** A total of 295 pharmacy owners completed the survey. More than half of the respondents (66.8%) rated themselves as familiar or very familiar with the term MA, with slightly more than half of the respondents (55.2%) offering MA. Overall, 70.9% of the respondents rated themselves as familiar or very familiar with the concept of MM, whereas only 25.1% stated to provide MM in their pharmacy. Perceived barriers included a lack of time and staff. The linear regression analysis revealed significant predictors of pharmacy owners' intention to provide MA. These comprised the constructs of attitude, subjective norm and perceived behavioral control ($p < 0.05$), whereas gender and number of employees did not have a significant effect. **CONCLUSIONS:** Findings suggest that community pharmacists are aware of the concepts of MA and MM. Attitude, subjective norm and perceived behavioral control were significant predictors of intention to provide MA. Strategies to improve the intention of community pharmacists to provide MA should focus on these predictors and the perceived barriers that impede the provision of MA in Germany.

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CAN PATIENTS RELY ON RESULTS OF PHYSICIAN RATING WEBSITES WHEN SELECTING A PHYSICIAN? - A CROSS-SECTIONAL STUDY ASSESSING THE ASSOCIATION BETWEEN ONLINE RATINGS AND STRUCTURAL AND QUALITY OF CARE MEASURES FROM TWO GERMAN PHYSICIAN RATING WEBSITES

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OBJECTIVES: Even though physician rating websites (PRWs) have become more important in recent years, little is known about the relationship between quality of care of physicians and patients' online ratings. It still remains unclear whether these ratings are a reliable source for patients for choosing a physician. The aim of the study was to measure the association between structural and quality of care measures and online ratings in a German Integrated Healthcare Network (QuE). **METHODS:** Data from 65 QuE practices were collected and comprised 21 indicators related to process quality (N=6), structural information (N=6), intermediate outcomes (N=2), costs (N=2) and patient satisfaction (N=1) for the year 2012. We analyzed patients' online ratings from two German PRWs (N=1,179 and N=991) over a three-year period (2011 to 2013). We applied the Spearman rank coefficient of correlation to measure the association between practice-related information and patient ratings. **RESULTS:** For both PRWs, patient satisfaction results from offline surveys and the patients per doctor ratio in a practice were shown to be significantly associated with online ratings. Significant associations could be shown between online ratings and cost-related measures for medication, preventative examinations, and one diabetes type 2-related intermediate outcome measure on one PRW. Results from the second PRW showed significant associations with the number of patients per practice and the age of the physicians, one cost-related measure for medication and four process-related quality measures. **CONCLUSIONS:** Significant associations observed in this study varied across different PRWs. When choosing a doctor, patients interested in the satisfaction of other patients with a physician might rely on online ratings. Even though our results indicate associations with some diabetes and asthma measures, but not with coronary heart disease measures, there is still insufficient evidence to draw strong conclusions. Findings may be weakened due to the limited number of practices considered.

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RELATIONSHIP BETWEEN THE PROVISION OF INJECTION SERVICES IN AMBULATORY PHYSICIAN OFFICES AND PRESCRIBING INJECTABLE MEDICINES IN IRAN

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OBJECTIVES: Overuse of injections is a common problem in many low-income and middle income countries. While cultural factors and attitudes of both physicians and patients are important factors, physicians' financial intensives may play an important role in overprescribing of injections. This study was designed to assess the effects of providing injection services in physicians' ambulatory offices on prescribing injectable medicines. **METHODS:** This cross-sectional study was conducted in Tehran in 2012 -2013and included a random sample of general physicians, pediatricians and infectious disease specialists. We collected data on the provision of injection services in or in proximity of physician offices, and obtained data from physicians' prescriptions in the previous three-month period. We analyzed the data using ANOVA, Student's t-test and linear regression methods. **RESULTS:** We obtained complete data from 465 of 600 sampled physicians. Overall 41.9% of prescriptions contained injectable medicines. 75% of physicians offered injection services in their offices. Male physicians and general physicians were more likely to offer the services, and more likely to prescribe injectables. We observed a clear linear relationship between the injection service working hours and the proportion of prescriptions containing injectables ($p\text{-value} < 0.001$). **CONCLUSIONS:** Providing injection service in the office was directly linked with the proportion of prescriptions containing injectables. While provision of injection services may provide a direct financial benefit to physicians, it is unlikely to be able to substantially reduce injectable medicines' prescription without addressing the issue.

PHP180

THE CLINICAL AND ECONOMIC BURDEN OF MEDICATION ERRORS IN THE CANADIAN ACUTE CARE SETTING: A REVIEW OF PUBLISHED STUDIES

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OBJECTIVES: Medication errors that occur in the acute care setting can lead to increased utilization of health care resources, especially when they cause temporary or permanent patient harm. A pragmatic literature review was conducted to assess the clinical and economic impact of medication errors in Canadian hospitals. **METHODS:** A search of the MEDLINE database was conducted using the subject terms "medication error", "preventable adverse drug event" and "Canada". Studies were included if they described the frequency or cost of medication errors or preventable adverse drug events (pADEs) (defined as medication errors that cause patient harm), were conducted in a Canadian acute care setting, and were published in the last decade. Additional studies were selected from reference lists of identified studies. Studies were assessed for study design, setting, type of medications studied, and outcomes measured (event frequency, costs). **RESULTS:** Eight studies were identified between 2004 and 2014. One study estimated the frequency of all pADEs at the national level using analysis of retrospective chart reviews (0.08% per admission). The remaining seven studies were conducted at individual institutions across Canada. Of these, three studies used chart review analysis to quantify the frequency of errors among all drug types (between 1.1% and 3.8% of all admissions), while four studies used chart review and direct observation to focus on quantifying the frequency of specific types of errors (dosing, labelling) for specific drug types (opioids, other IV medications). No studies assessed the cost of errors. **CONCLUSIONS:** Results of studies at both the national and regional level demonstrate that medication errors pose a significant clinical burden to patient care in Canadian acute care settings. Further research is needed to quantify the economic burden of these events to the health care system, in order to assist policy-makers and health administrators in prioritizing policies that support prevention efforts.

PHP181

U.S. PAYER EXPECTATIONS FOR REIMBURSEMENT OF BIOSIMILARS

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OBJECTIVES: U.S. healthcare spending on high-cost biologics has escalated over the past decade. The Biologics Price Competition and Innovation Act allows for biosimilar products in the U.S., which will be lower-cost alternatives to reference biologics. This study explored payer attitudes to the reimbursement and adoption of biosimilars in the U.S. **METHODS:** Medical or pharmacy directors at managed care organizations (MCOs) were surveyed during April 2015 regarding their expectations for biosimilar reimbursement. **RESULTS:** Eligible respondents (n=59) indicate that MCOs expect biosimilars to offer a significant discount to the reference brand to secure reimbursement. A mean discount of 22–23% is considered adequate, while 29–30% is deemed necessary for preferential reimbursement to the reference brand. Rapid formulary inclusion of biosimilars is expected; 72% of respondents indicate formulary inclusion within 12 months of launch for the first entrant in a class. Widespread reimbursement of biosimilars in extrapolated indications is, however, uncertain, with only 29% of respondents reporting that their MCO would unconditionally reimburse a biosimilar under such circumstances. Payers expect to employ various strategies to promote biosimilar uptake, from favorable tiering to step edits; the most conducive strategies are expected for products with deep discounts. Payers will also run educational campaigns for physicians. However, ≥63% of respondents expect their approach to be influenced by thought-leading physicians and medical associations. A large proportion of respondents expect "grandfathering" (continuation of the reference brand in responsive/stable patients) to be permitted, particularly when the biosimilar discount is modest. **CONCLUSIONS:** U.S. payers will preferentially promote biosimilars over reference brands using various demand- and supply-side measures, provided that biosimilars meet their discount expectations and have clinical stakeholder buy-in. Payers clearly seek to realize the cost savings biosimilars offer; however, tendency to seek clinical stakeholder buy-in, coupled with "grandfathering", indicates some need for more robust evidence of cost-effectiveness.

PHP182

UNDERSTANDING LOCAL COMMISSIONING DECISIONS ON NEW PHARMACOTHERAPIES IN THE UK

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OBJECTIVES: To understand the trends and drivers of local decision-making by Clinical Commissioning Groups (CCGs), and how they may vary across localities, therapy areas, and by respective performance against key performance indicators (KPIs). **METHODS:** The MIMS website was searched to derive an exhaustive list of new pharmacotherapies between April 2013 and April 2015. This list was cross checked against all assessments conducted by the National Institute for Health and Care Excellence (NICE). The products that had been reviewed by NICE were subsequently excluded, given CCGs must implement any recommendation by NICE and hence does not demonstrate local decision making. Secondly, a representative sample of CCGs were selected across the regional locations of North, South, Midlands and East of England, and London (as defined by the NHS England regional team structure). A sample of 20 CCGs were shortlisted and their respective formulary lists analysed to capture their commissioning decisions on the non-Nationally assessed pharmacotherapies. Finally, CCG commissioning decisions on the sample products was correlated against any local key performance indicators or priorities, the CCG Outcome Indicators, and their respective performance against them, to